

SKILL PROGRAM APPLICATION

(Seeking Knowledge In Life's Lessons)

*"Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers."
Galatians 6:10*



RESTORATION COMMUNITY OUTREACH, INC.

SKILL PROGRAM

14464 LEBANON ROAD, SUITE A

OLD HICKORY, TN 37138

(615) 754-7777 (615) 881-4982

rcoskill@aol.com



Personal Information

Name: _____ Age: _____ DOB: _____ SS#: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Sex: _____ Marital Status: _____

Do you have children? _____ How many? _____

**Check all that apply to you.*

_____ I am applying to be a live – in resident of the SKILL Program's one – year drug and alcohol rehabilitation program.

_____ I am applying to be an out – patient participant of the SKILL Program's one – year drug and alcohol rehabilitation program.

_____ I am applying to be a live – in resident of the SKILL Program's Life Re – Entry Program (LRP)

_____ I am applying to be a non – live – in participant of the SKILL Program's Life Re – Entry Program (LRP).

Current Program Information (complete this section if applying to the LRP)

Program Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Current Program Information Continued

Program Director: _____ Phone: _____ Cell: _____

Email: _____

Program Manager: _____ Phone: _____ Cell: _____

Email: _____

Is the program faith – based? ___Yes ___No

Is the program affiliated with a particular church? ___Yes ___No

Name of Church: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____ Web: _____

Pastor: _____ Phone: _____ Email: _____

Family Information

Spouse's Name: _____ Age: _____ How many years married? _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____ Email: _____

**If you have children, please fill in the box.*

| Name | Age | Sex | Visitation (Y or N) |
|------|-----|-----|---------------------|
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| | | | |
| | | | |

**If not married, please enter in at least one family contact.*

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____ Email: _____

General Information

Do you have a valid driver's license? Yes No

If so, which state is it issued? _____ DL #: _____ Exp.: _____

If not, do you want assistance in obtaining your license? Yes No

Do you own a vehicle? Yes No

If so, what year? _____ Make: _____ Model: _____ Color: _____

Tag: _____

If not, do you want assistance in obtaining a vehicle? Yes No

Are you an U.S. citizen? Yes No

Were you in the Military? Yes No

Are you still in the reserves? Yes No

If yes, when do you fulfill your obligations? _____

Work Qualifications and Special Skills

Do you have any special training or skills (forklift driving, landscaping, painting, etc.)? Yes No

If yes, what? _____

Are you licensed for a specific trade (HVAC, electrical, etc.)? Yes No If yes, what? _____

Do you own your own tools? Yes No If so, what? _____

Do you own tools for a specific trade (HVAC, electrician, etc.)? Yes No If yes, which trade(s)?

Please list any other training or skills that you possess that has not been covered: _____

General Questionnaire

**Please answer all questions. Even if you are just applying to the SKILL program, go ahead and answer the questions. The same application will be used if you decide to enter the LRP. This way you will not have to re-enter your information. You will only have to update it at that time.*

***Indicates a requirement of all programs offered by the SKILL Program.*

Are you involved in any organizations (church, social, etc.)? Yes No If yes, what? _____

Are you applying to be a live – in SKILL resident? Yes No

Are you applying to be a live – in LRP resident? Yes No

If not, do you have a place of residence? Yes No

Are you presently employed? Yes No

If so, where? Company Name: _____ Phone: _____

Are they aware of your intentions to be in a program? Yes No

If not, do you have employment opportunity? Yes No

If yes, where? Name of Business: _____ Phone: _____

Contact: _____ Email: _____

Are they aware of your present situation? Yes No

Do you have any money on hand? Yes No

If so, how much? _____

Do you have a bank account? Yes No

If so, how much is in the account? _____

Do you have another source of income? (child support, etc.) Yes No

If so, what? _____ How much? _____ per _____

Do you have health insurance? Yes No

If so, who is your provider? _____ Policy #: _____

Do you have a Primary Care Physician? Yes No

If so, who is your Physician? _____ Phone: _____

Address: _____ City: _____ State: _____

What is the date of your last Physical? _____

Do you have any medical problems or conditions? Yes No

If so, please list: _____

Do you have any physical disabilities? Yes No

If so, please list: _____

****Are you willing to submit to random drug testing?** ___Yes ___No

****Are you willing to submit to a background check?** ___Yes ___No

****Are you willing to sign over a Power of Attorney?** ___Yes ___No

****Are you willing to sign over your paycheck?** ___Yes ___No

****Are you willing to be accountable to others?** ___Yes ___No

If applying for the LRP, how long do you want to sign up for: 6 months 9months 12months

Are you interested in volunteer work for RCO, Inc.? ___Yes ___No

Do you have a regular church that you attend? ___Yes ___No

If not, do you want information on local churches? ___Yes ___No

(SKILL residents will be attending Covenant Fellowship Church of the Nazarene)

Do you have any legal action pending against you? ___Yes ___No

If so, what? _____

Which city or county? _____ **Do you have representation?** ___Yes ___No

If not, do you need help in finding representation? ___Yes ___No

Financial Information

**Please answer the questions as accurately as possible. The following information is needed so we can help you work out payment plans and budgets.*

Do you pay child support? ___Yes ___No

If so, how much? _____ **Per** _____

Are you behind in child support? ___Yes ___No

If so, how much do you owe? _____

Do you pay alimony? ___Yes ___No

If so, how much? _____ **Per** _____

Are you behind in alimony payments? ___Yes ___No

I, (notary)_____ , do hereby confirm that this application was brought before me to sign on this the _____ day of _____, 20____.

Notary Public: _____

Notary Signature: _____

My commission expires: _____